



राजपत्र, हिमाचल प्रदेश (प्रसाधारण)

हिमाचल प्रदेश राज्यशासन द्वारा प्रकाशित

शिमला, मंगलवार, 1 नवम्बर, 1988/10 कार्तिक, 1910

हिमाचल प्रदेश सरकार

[Substituted for notification No. Kalyan-A (3)-5/81-II, dated the 11thth August, 1988 of Social and Women's Welfare Department.]

SOCIAL AND WOMEN'S WELFARE DEPARTMENT

NOTIFICATION

Shimla-2, the 20th September, 1988

No. Kalyan-A(3)-5/81-II.—The Governor of Himachal Pradesh is pleased to make the following rules for regulating payment of scholarships to physically handicapped.

Short title and commencement —(1) These rules shall be called "The Himachal Pradesh Welfare Department Scholarship for Disabled Persons Rules, 1988".

(2) These rules shall extend to the whole of Himachal Pradesh.

(3) These rules shall come into force from the date of their publication in the Himachal Pradesh Rajpatra.

RULES TO REGULATE GOVERNMENT OF HIMACHAL PRADESH SCHOLARSHIPS FOR PHYSICALLY HANDICAPPED

1. *Object.*—The main purpose of the scholarships for the physically handicapped is to assist them to secure such education, technical or professional training so as to enable them to earn a living and to become useful members of the society.

2. *Scope.*—For the purpose of these scholarships, the term physically handicapped shall comprise three categories of the physically handicapped. viz. the blind, the deaf and the orthopaedically handicapped.

3. *Definition of the Physically Handicapped—A—Blind.*—The blind are those who suffer from either of the following conditions:—

- (a) Total absence of sight;
- (b) Visual acuity not exceeding 6/60 or 20/200. (Snellen) in the better eye with correcting lenses;
- (c) Limitation of the field of vision subtending an angle of 20 degree or worse.

B—The Deaf.—The deaf are those in whom the sense of hearing is non-functional for the ordinary purpose of life. Generally a loss of hearing at 70 decibels or above at 500, 1000 or 2000 frequencies will make residual hearing non-functional.

C—Orthopaedically Handicapped.—The orthopaedically handicapped are those who have a physical defect or deformity which causes interference with the normal functioning of the bones, muscles and joints.

4. *Applicability.*—Those rules shall apply only to the physically viz. the blind, the deaf and the orthopaedically handicapped, school going students. Under these rules scholarships will only be awarded for studies from Standard I to VIII. Candidates studying in higher standards will be eligible for scholarships awarded/funded by the Government of India or will be governed under the separate rules applicable to these students.

5. *Eligibility.*—For the purpose of award of scholarships under these rules, the physically handicapped student must fulfil the following conditions:—

- (i) The applicant must be *bonafide* resident of Himachal Pradesh.
- (ii) The applicant should be a regular student of recognised school including public and convent schools.
- (iii) The applicant's parent's/Guardian's, combined monthly income should not exceed Rs. 2000/-.
- (iv) The applicant is not residing and receiving maintenance in any institution under Directorate of Welfare/Local Bodies/Government of India or other private organisations.
- (v) The applicant is not in receipt of any other stipend/scholarship from any other source.
- (vi) If a family has more than one handicapped child all such physically handicapped children shall be eligible for grant of scholarship if they fulfil the other requirements of the scheme.

6. *Type and rate of Scholarship and other Allowance.*—(i) The rate of scholarships shall be as under:—

- (a) Primary (Standard I to V) *Day Scholar. Boarders.*
Rs. 50/- P.M. Rs.100/- P.M.
- (b) Middle (Standard VI to VIII) Rs.70/- P.M. Rs.125/- P.M.

The boarders rates shall only be applicable to those students who reside in the Hostel and this fact should be verified by the Principal/Headmaster of the Institution.

(ii) The scholarships at the said rates will be given for a year through the head of the institution. The scholarship once sanctioned should be drawn continuously without being renewed every year provided he/she remains a regular student.

(iii) The scholarship holder will be required to refund the amount of scholarship already paid, if during the course of the studies for which scholarship is awarded, the studies are discontinued without any reasonable explanation or valid reasons or student fails in the examination.

(iv) If at any stage information furnished by the applicant is found incorrect the scholarship will be cancelled besides other action taken.

(v) In the case of blind candidate or who is handicapped in both hand reader's allowance shall be paid @ Rs. 25/- P.M. in addition to the scholarships if it is certified by the head of the institution and orthopaedic Surgeon (Annexure II, IV & VI) that candidate has continuously employed a reader during the period of study.

(vi) In the case of an orthopaedically handicapped candidate the additional allowance of Rs. 50/- P.M. for the purchase and maintenance of prosthetic appliance shall be paid on the recommendation of the head of the institution or an Orthopaedic Surgeon.

(vii) In the case of an orthopaedically handicapped candidate who has abnormal defect requiring special arrangements for transport an additional monthly allowance of Rs. 15/- may be sanctioned. Each cash will be examined on its own merits on the recommendations of the Head of the Institution/Establishment and on the basis of Medical Certificate of the Orthopaedic Surgeon.

7. *Mode of Applying.*—(a) Application should be made to be Director of Welfare, H.P. in the prescribed form (Appendix-I) through the head of Institution where the candidate is admitted as a student.

(b) *Documents to accompany application.*—Each application shall be accompanied by the following documents:—

(i) *Medical Certificate.*—A certificate in the prescribed form (Appendix-II, III, IV) that the candidate is blind of deaf or orthopaedically handicapped as the case may be within the meaning of the definition given in rule 3 from a Registered Eye Specialist/ENT Specialist/Orthopaedic Surgeon, where such Specialists/Surgeons are not available, such certificate may be issued by the Assistant Surgeon Grade-II.

(ii) *Income—Himachali Certificate.*—A Certificate from a Revenue Officer not below the rank of Naib-Tehsildar or any other officer of equivalent status or a certificate from Gazetted Officer of the Central or State Government or a Member of Parliament or State Legislature indicating clearly the monthly incomes of both the parents or guardian of the candidate and that he is a *bonafide* resident of Himachal Pradesh in the Form Appendix-V.

(iii) *Photograph.*—A recent photograph in case of orthopaedically handicapped candidate showing the deformity.

8. *Payment.*—The amount of the scholarship will be drawn by the concerned District Welfare Officer. The payment of scholarship will be made to the head of the institution for disbursement to the awardee.

9. *Sanctioning Authority.*—The Director of Welfare, Himachal Pradesh, shall be the sanctioning authority under these rules.

10. *Audit.*—(i) The audit of the expenditure on account of scholarship will be conducted by the A.G.(Audit), Himachal Pradesh, Shimla in the office of the District Welfare Officer.

(ii) A register (Form 'A') indicating therein the name and complete address of persons to whom the scholarships sanctioned and amount disbursed therefor shall be maintained in the office of the District Welfare Officer. The District Welfare Officer will be responsible for making the payment and obtaining APRs. The applications of student/ sanctioned scholarship will be returned to the District Welfare Officer by the Director of Welfare, Himachal Pradesh.

11. *Other conditions.*—(i) The Government of Himachal Pradesh reserves the rights to amend the rules without notice.

(ii) The amount sanctioned will be debitable under Head “2235—Social Security and Welfare-02-Social Welfare—107—Grant to other Vol. Agencies-02-Other Voluntary Agencies (Plan, Non-Plan).

(iii) These rules are applicable to the students studying in I to VIII classes. The students/trainees from 9th Class onward will be governed under the separate rules.

[AJAY] PRASAD,
Secretary.

APPENDIX-I
GOVERNMENT OF HIMACHAL PRADESH
WELFARE DEPARTMENT

APPLICATION FORM FOR THE AWARD OF SCHOLARSHIP TO THE [PHYSICALLY
HANDICAPPED

Application duly filled in must reach the Director of Welfare, Himachal Pradesh, Shimla not later than the19..... The application received thereafter, will not be entertained.

1. Nature of physical handicapped .. Blind/Deaf/Orthopaedically Handicapped
2. Name in full ..
(in block letters) ..
3. Residential Address ..
4. Permanent Address ..
5. Exact date of Birth ..
(in Christian era) ..
6. Father's Name ..
7. The Course/State of study ..
8. Total monthly income of both the parents/
guardian ..
9. Please state if you have been in receipt of
any scholarship from any other sources. If so,
indicate:
(i) The source ..
(ii) Monthly amount ..
10. Please state if you ever applied for scholar-
ships under this scheme if so, the course for
which applied for an year of application ..

Place.....

Date.....

Signature of the Candidate.

*Strike out which is not applicable.

DECLARATION TO BE SIGNED BY THE FATHER/GUARDIAN OF THE
CHILD

I hereby declare :—

- (i) That the particulars given regarding my ward Shri/Ku.....in the ap-
plication are true the best of my knowledge and belief, and that no material infor-
mation has been concealed or withheld which has a bearing on selection.
- (ii) That my ward shall not accept emoluments, scholarships or any other financial assits-
ance or grant-in-aid other form whatsoever, except exemption from tuition,

fees from any other source during the tenure of the scholarship if awarded to him/her under the above scheme.

Place.....
Date.....

Signature of the parent/guardian.

**CERTIFICATE BY THE PRINCIPAL/HEADMASTER OF THE SCHOOL/
INSTITUTION**

Certified that Shri/Kum..... is a regular student of Class.....
in this School/Institution and his/her performance in studies has been found satisfactory.

Place.....
Date.....

Signature of the Principal/Headmaster.
(SEAL).

ANNEXURE-II

**GOVERNMENT OF HIMACHAL PRADESH (WELFARE DEPARTMENT)
MEDICAL CERTIFICATE FOR THE BLIND**

Certified that I, Dr..... Registration No..... have this.....
day of 198... examined the candidate whose particulars are given below :—

1. Name of the candidate ..
2. Father's Name ..
3. Sex ..
4. Approximate age ..
5. Identification mark ..
6. Extent of residual vision if any .. R.E.
L.E.

7. On set of blindness (please state whether
blindness if from birth or acquired later, if it
has been caused afterwards, the age and cause
of blindness may be indicated).

(For the purpose of these scholarships, the blind
are those who suffer from either of the follow-
ing:—

- (a) Total absence of sight.
- (b) Visual acuity not exceeding 6/60 or 20/
200 (Snellen) in the better eye with cor-
recting lenses.
- (c) Limitation of the field of vision sub-
standing an angle of 20 degrees or worse.
8. Please state clearly whether the candidate
is blind for the purpose of scholarship.

Signature of applicant.

Place.....
Date:.....

(Signature of Orthalmologist)
Designation,
Office Stamp.
Address.....
.....

APPENDIX-III

**GOVERNMENT OF HIMACHAL PRADESH
(WELFARE DEPARTMENT)**

Certified that I, Dr..... Registration No..... have
this..... day of 198... examined the candidate whose particu-
lars are given below :—
Name of candidate ..

2. Father's Name ..
 3. Sex ..
 4. Approximate age ..
 5. Identification marks ..
 6. An estimate of the residual hearing if any and the basis on which this estimate has been arrived at :
 - (i) Right ear ..
 - (ii) Left ear ..
 7. On-set of deafness (Please state whether deafness is from birth or acquired later. If it has been caused afterwards the age and cause of deafness may be indicated)
 - (For the purpose of scholarship the deaf are those in whom the sense of hearing is non-functional for the ordinary purpose of life. Generally loss of hearing at 70 decibels or above at 500, 1000, 2000 frequencies will make residual hearing non-functional).
 8. Please state whether the candidate is deaf for the purpose of scholarship.
 9. Please enclose audiogram chart.
- Signature of candidate.

Singnature of E.N.T. Specialist
 Designation
 Office Stamp
 Address.....

Place.....
 Date.....

APPENDIX-IV

GOVERNMENT OF HIMACHAL PRADESH (WELFARE DEPARTMENT)

HIMACHAL CERTIFICATE IN RESPECT OF ORTHOPAEDICALLY HANDICAPPED CANDIDATE

For the purpose of scholarship the orthopaedically handicapped are those who have physically defect or deformity which causes interference with the normal functioning of bones, muscle and joints.

Certified that I, Dr..... Registration No..... have this day of 198 , examined the applicant within the above definition..

1. Name of candidate
2. Identification mark
3. Sex
4. Father's name
5. Approximate age.

(a) Nature of disability:

(Tick relevent from following list):—

POST POLIO, PARALYSIS, HEMIPLEGIA,
 QUADRAPLEGIA, MALUNITIED FRA-
 CTURE NERVE PARALYSIS, UPPER
 EXTREMITY, LOWER EXTREMITY, LIMB,
 PAINFULL, SCORTENING DEFORMITY,
 CONGENITAL, ACQUIRED, BONE
 KNEE, BELOW KNEE, NIP,

HEMIPALVECTOMY, SYMES, CHEOPARTS,
WRIST, FINGERS, BELOW ELBOW, ABOVE
ELBOW, SHOULDERS, FORE QUARTER,
UNILATERAL BILATERAL.

(b) Extent of Disability :

Estimate in percentages (M O Bride Scale).

ON ANATOMICAL, FUNCTIONAL (PATIENT'S
ASSESSMENT, EXAMINER'S ASSESSMENT)
ECONOMICAL BASIS MENTION AS PERCE-
NTAGES (BELOW, 25, 25-75, 75-90 TOTAL
DISABILITY).

(c) Use of appliance:

(Tick relevant from following list).

CALLIPER, CRUTCH, ABOVE KNEE, BELOW
KNEE, PROSTHESIS CANE, UNILATERAL,
BILATERAL, ABOVE ELBOW, BELOW, ELBOW
HEMIPALVECTOMY, SHOULDER
DISARTIBULATION.

(d) Any operation done or indicated.

(e) Photograph (Attested)

To show the nature of disability and any appliance, if used.

7. Any other particulars to clarify the nature and extent of disability that the Surgeon might like to point out.

Signature of candidate.

Place.....

Date.....

(Signature of Orthopaedic Surgeon)

Designation

Office Stamp

Address.....

APPENDIX-V

GOVERNMENT OF HIMACHAL PRADESH WELFARE DEPARTMENT

SCHOLARSHIP FOR THE PHYSICALLY HANDICAPPED

INCOME-CUM-HIMACHALI CERTIFICATE

Vide Rule 7 (b) (ii)

I,.....certify to the best of my knowledge and belief that the
total combined income from all sources of both the parents/guardian of Shri/Kum./Smt.....
(Name of candidate) resident ofis Rs.....
(Rupees.....) per month.

Further certified that the parents of said Shri.....are *Bona fide* resident of Himachal Pradesh.

Signature of candidate.

Signature

Designation

Office Stamp

I.....father/guardian of Sh./Kum./Smt.....
undertake to intimate to the Director of Welfare, Himachal Pradesh Shimla any change in the
above mentioned income that takes place at any time during the pendency of the scholarship.

Date.....

Signature

Place.....

Profession

Postal Address.....

Note.—It may be given by a Revenue Officer not below the rank of Naib-Tehsildar or any other officer equivalent status or an affidavit attested by a First Class Magistrate or a certificate from a Gazetted Officer of the Central or State Government or a Member of Parliament or State Legislature.

APPENDIX-VI

GOVERNMENT OF HIMACHAL PRADESH WELFARE DEPARTMENT

Certificate for Readers Allowance for Blind Scholar/or the handicapped in both hands :
(This is to be signed by the Head of the Institution)

Certified that I have personally satisfied myself that Sh./Kum.....
s/o, d/o.....has continuously employed with effect from Shri/
Kumari.....as Readers at Rs.....
(Rs.....) P. M.

It is further certified that allowance paid to the Reader is not less than the allowance being paid to the scholar for this purpose. The address and qualification at the Readers are as under:—

Date.....

Signature of the Head of Institution.

Place.....

(SEAL).

FORM-A

1. Name of student.
2. Parentage.
3. Amount sanctioned.
4. Period for which scholarship sanctioned.
5. Date of drawal of amount of scholarship from the Government Treasury.
6. Rate of disbursement of scholarship to the student.
7. Detail of APRs received from the institution etc.
8. Detail of unspent amount balance.
9. Treasury Voucher No. and Date of the unspent amount deposited into the Government Treasury.